

# MEDI-CAL HEALTH CARE PROGRAM UPDATE

August 16, 2003



## Medi-Cal Mail-In Application (MC 210)

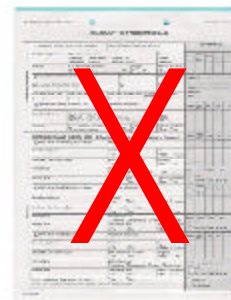
This is a reminder to all Medi-Cal staff that effective December 1, 2001, the new Medi-Cal Mail-In Application (MC 210 [08/01]) **replaced** the Statement of Facts (MC 210). All existing stock for the old MC 210 should have been recycled and should no longer be in use.

Additionally, neither the old MC 210 nor the revised MC 210 should be used for redeterminations. The MC 210-LA Pilot is the only acceptable form for processing redeterminations.

Article 4S of MPML #254, dated 10/30/01,  
Administrative Directive #4174, 08/28/02



New MC 210 (Use)



Old MC 210 (Don't use)

## MIDYEAR STATUS REPORT (MSR)

Effective August 1, 2003, all nonexempt Medi-Cal beneficiaries shall be required to complete and file a MSR six (6) months after their initial application date or most recent annual redetermination date, whichever is later. There are certain Medi-Cal beneficiaries who are exempt from the mandatory MSR requirements. The exempt beneficiaries are:

- Individuals under 21 years of age.
- Beneficiaries, whose basis for eligibility is their status as aged, blind or disabled.
- Pregnant women whose only eligibility is based on pregnancy.
- Beneficiaries receiving Medi-Cal through Aid for Adoption of Children program.
- Beneficiaries who have a Public Guardian.
- Medically indigent children not living with a parent or relative and who have a public Agency assuming their financial responsibility.
- Individuals receiving Minor Consent services.
- Beneficiaries in the Breast and Cervical Cancer Treatment program (BCCTP).
- CalWORKs recipients and custodial parents whose children are CalWORKs recipients.

The MC 176S has been revised to allow a beneficiary who has not had any changes to indicate so by checking a box, signing and returning the MSR. Parents in family groups must complete MSR, however, the **eligibility of their children is not affected** by their failure to report.

Ref: AD 4452, dated 08/14/03

## Return of DAPD Packets



Call-Out Number 03-07 dated June 24, 2003 advised all districts that administer Medi-Cal and CAPI programs that a revised MC 220 (04/03) is now required for all Disability and Adult Programs Division (DAPD) referrals requesting a disability determination. This is a reminder that the new version of the MC 220 (04/03) is **required** for the DAPD disability determination process. Until the form has been changed in LEADER and stocked by Assets Management Section, staff may use the English and Spanish camera ready copies attached to the Call-Out. DAPD will return referrals that do not include the new form.

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Bureau of Health, Nutrition & Community Services

## Section 1931(b) \$240 Disability Deduction in the Sneed Process:

Applicants being evaluated for eligibility for the Section 1931(b) *Sneed* will have \$240 deducted from their disability income when determining monthly countable income. Each **individual** in a *Sneed* case will have the \$240 disability income deduction applied to his/her disability income.

If an individual is in a separate *Sneed* Mini-Budget Unit (MBU) or shares an MBU with other individuals, the \$240 disability income deduction can be applied.

For Section 1931(b) program, there are two types of unearned income which will be treated as Disability Based Income (DBI). DBI is defined as follows:

### **1. Public Disability Payments:**

- Disability insurance payments from the Social Security Administration (SSA);
- Permanent Workers Compensation payments;
- Veterans Administration payments; and
- any disability based Railroad Retirement benefits.

### **2. Private Disability Benefits:**

- Payments paid by a private entity to an individual that are made due to his/her disability, and usually paid by the individual's insurer under a disability insurance plan which the individual, or third party, or both, purchased through premiums.

**NOTE: Temporary Workers Compensation and State Disability Insurance payments are to be treated as earned, not disability based income for purpose of determining income eligibility for the Section 1931(b) program.**

Ref: ACWDL 03-36, dated 07/02/03 (Medi-Cal Program will release instructions shortly)

## **Transitional Medi-Cal (TMC)**

This is to remind staff that TMC also applies to persons who become ineligible for 1931(b) Medi-Cal Only due to increased earnings as well as CalWORKs participants. Persons discontinued from CalWORKs must first be evaluated for eligibility to the 1931(b) Medi-Cal Only Program. If not eligible for 1931(b) Medi-Cal Only, they are evaluated for TMC before they are evaluated for any other Medi-Cal Programs.

Ref: Administrative Directive #3950, dated 3/31/99

## **CHDP Aid Code Correction**

Please note that the correct aid codes for the CHDP Gateway Program are:

**8W** CHDP Gateway Medi-Cal - Child screened as probable no cost Medi-Cal eligible.

**8X** CHDP Gateway Healthy Families - Child screened as probable Healthy Families eligible.



These aid codes were reported incorrectly in the July 2003 Newsletter.

Ref. ACWDL 03-33, dated 06/18/03.

## **Express Enrollment**

In October 2001, Governor Davis signed Assembly Bill (AB) 59 into law. AB 59 allows children who are approved for free school lunches to apply for Medi-Cal using the information on the National School Lunch Program (NSLP) application. Based on the NSLP application information, children deemed eligible to free lunches can be temporarily enrolled in no-cost, fee-for-service, full-scope Medi-Cal until the county eligibility staff makes a full eligibility determination.

The Express Enrollment eligibility determination will be made by the school district and then forwarded to our Medi-Cal Mail-In District for processing. The applicant child must be added to MEDS within five working days of receipt of the NSLP application. The one-year pilot project with the Los Angeles Unified School District began on August 1, 2003.

Ref: ACWDL 03-35, dated 07/02/03

(Medi-Cal Program will release instructions shortly)

